DECLARATION FOR Attorney Docket No. **CLW001 UTILITY OR DESIGN First Named Inventor** Michael Cutbirth PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) Application Number Not Yet Accorded ☐ Declaration □ Declaration OR Filing Date Not Yet Accorded Submitted after Submitted Initial Filing— surcharge 37 CFR 1.16(e) required with Initial Group Art Unit Not Yet Accorded Filing **Examiner Name** Not Yet Assigned

As a below named Inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as s	stated below next to	my name.					
I believe I am the original, first and sole inventor (if only inventor (if plural names are listed below) of the subject the invention entitled:							
FUND FOR WIND ENERGY PROJECTS A	ND A METHOD FO	OR ESTABLIS	SHING THE S	AME			
the specification of which							
.∄ · ≟⊠ is attached hereto							
OR							
was filed on (MM/DD/YYYY)	as U.S. Application PCT International A						
and was amended on (MM/DD/YYYY)	(if applicable)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is for continuation-in-part applications, material information application and the national or PCT international filing of	n which became ava	ailable between	the filing date				
I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
	oreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Yes	Attached? No			
Additional foreign application nos. are listed on a su	~						
I hereby claim the benefit under 35 U.S.C. § 119(e) of a Application Number(s) Filing Date (MM/DD/YYY		ovisional applic	ation(s) listed b	elow.			
Application Number(s) Filling Date (MM/DD/1111	1)			i i			

DECLARATION – Utility or Design Patent Application

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Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto. s a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to ansact all business in the Patent Trademark Office connected therewith: Customer Number 25235 Place bar code label here → OR Registered practitioner(s) name/registration number listed below Registration Number Number Number Registration Number Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto. Irrect all correspondence to: ☑ Customer Number OR ☑ Correspondence or Bar Code Label Or Bar Code Code Or Bar Code Code Or Bar Code Code Or Bar Code Or							Parent Filing Date Pa								
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irect all correspondence to: Customer Number or Bar Code Label address below ame didress Hogan & Hartson, LLP didress 1200 17 th Street, Suite 1500 ity Denver State CO ZIP 80202 ountry US Telephone (720) 406-5335 Fax (720) 406-5301 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that illiful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. Image of Sole or First Inventor: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) Family Name or Surname fichael D. Cutbirth Date Note Office Address 976 Jimeno Road Post Office Address 976 Jimeno Road State CA ZIP 93103 Country USA Country USA Country USA Country USA Country USA		Name Number							Maili	<u> </u>			Num	Dei	
irect all correspondence to: Customer Number or Bar Code Label address below ame didress Hogan & Hartson, LLP didress 1200 17 th Street, Suite 1500 ity Denver State CO ZIP 80202 ountry US Telephone (720) 406-5335 Fax (720) 406-5301 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that illiful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. Image of Sole or First Inventor: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) Family Name or Surname fichael D. Cutbirth Date Note Office Address 976 Jimeno Road Post Office Address 976 Jimeno Road State CA ZIP 93103 Country USA Country USA Country USA Country USA Country USA	☐ Addition	al register	ed practitions	er(s) n	amed on	suppleme	ental s	heet P1	O/SB	/02C at	tached	hereto.			
ddress Hogan & Hartson, LLP ddress 1200 17 th Street, Suite 1500 ity Denver State CO ZIP 80202 ountry US Telephone (720) 406-5335 Fax (720) 406-5301 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that illiful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. Iame of Sole or First Inventor: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) Family Name or Surname Michael D. Cutbirth Date Note Office Address 976 Jimeno Road Ost Office Address 976 Jimeno Road State CA ZIP 93103 Country USA							37,149, 6								
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ity Denver State CO ZIP 80202 ountry US Telephone (720) 406-5335 Fax (720) 406-5301 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that illiful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. Iame of Sole or First Inventor: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) Family Name or Surname fichael D. Cutbirth Date Notember 6, 200 Cutsidence City Santa Barbara State CA Country USA Citizenship US Post Office Address 976 Jimeno Road Cost Office Address 976 Jimeno Road City Santa Barbara State CA ZIP 93103 Country USA	Name														
State CO ZIP 80202 Ountry US Telephone (720) 406-5335 Fax (720) 406-5301 Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that illful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. Tame of Sole or First Inventor: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) Family Name or Surname Cutbirth Touchor's signature Accountry USA Citizenship US Tost Office Address Tost O	Address	Hogan	& Hartson,	LLP											
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